

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. J-06/09-310
)
 Appeal of)

INTRODUCTION

The petitioner appeals a decision of the Office of Vermont Health Access (OVHA) not to provide reimbursement to the petitioner under Medicaid for emergency hospital and physician services the petitioner's daughter received in California in April 2009. The issue is whether the providers in question qualify for payment through Vermont Medicaid.

FINDINGS OF FACT

1. The petitioner's daughter is a recipient of Medicaid benefits. In April 2009 when her daughter was visiting relatives in California she required emergency medical treatment. The medical providers in California did not accept Vermont Medicaid and they have billed the petitioner for their services.¹

2. Upon returning to Vermont the petitioner requested the Department to provide payment for the services under Medicaid. The Department has notified her that the service

cannot be covered because the providers are not enrolled as Vermont Medicaid providers.

3. The Department represents that it has contacted the providers and offered to cover the services under Medicaid if the providers will enroll as Vermont providers. The Department further represents that it has informed the providers that enrollment is a simple and cost-free procedure, but that the providers have nonetheless declined.²

ORDER

The Department's decision is affirmed.

REASONS

The Medicaid regulations specifically preclude payments for "items and services ordered by an individual not enrolled as a Medicaid provider". W.A.M. § M151.1(I). The regulations define providers as those "currently approved to provide medical assistance to a beneficiary pursuant to the Vermont Medicaid Program". Id. § M155.1. Moreover, § M152 provides that Medicaid payments cannot be made directly to a recipient.

¹ The petitioner reports she has received a hospital bill of \$1,400, a doctor bill for \$200, and a radiology bill for \$50.

² At the hearing the petitioner was advised that the providers' refusals to enroll in Vermont Medicaid may well constitute a defense for the

In this case, the petitioner does not dispute the Department's representation that the providers in question are not and have refused to become enrolled in Vermont Medicaid, and there is no question that the Department's decision not to cover the services in question under Medicaid is supported by the regulations. Although it may be harsh to, in effect, require Medicaid recipients to bear the financial risks of health treatment when they travel, it cannot be concluded that limiting Medicaid coverage to enrolled providers is either fundamentally unfair or contrary to public policy.³ Thus, the Board is bound to affirm the Department's decision in this case. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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petitioner if the providers take any further action against her regarding collection of these bills.

³In past cases the Board has noted that the Department provides a Health Care Programs Handbook to all Medicaid recipients, which includes specific instruction that coverage is limited to providers enrolled in Vermont Medicaid.